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OUR FILES.				oseph			won			EITZE					H MATE	D 🗆	6	23	19 85	255 M
ON STRE	3 SEX		Whi	te	7-6	OF BIRTH	YEAR	6. AGE (UNDER 1	YR. IF	UNDER:	24 HRS.	PRONOL DEA	JNCED		6	23	19 85	255 F
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5	13a. S	residence ryland		36 COUN'	TY	STITUTION, GI	13c. CIT	e BEFORE ADA Y OR TOW Ciden	MISSION)	13d IM		LIMITS?	13e STR	EET ADD					21520	
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			E DEATH			se per lier		-34-4		IKa	unry	n Be	eltze	1, E	ckha	irt N	vilne	- Al	MD 2]	INTERVAL
3		18 CAUSE C PART I DE	ATH WA	S CAUSED	D BY:	V Per line	ulpt	le ch	est	traum	a								hou!	
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, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVA				ny, which		(b)	elt	infli	cted	gun	shot	. WOL	und							
ď		cause (a lying cou		the <u>under</u> .	DU	JE TO, OR	AS A CO	NSEOUEN	CE OF				15							
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1	CATI	19a. DATE OF	OPERAT	ION	19	b. CONDI	TION FOR	WHICH C	PERATIO	WAS PE	RFORME	D?					15	20 /	AUTOPSY?	
A	MEDICAL CERTIFICATION		23-19					ast											YES 🗶	NO 🗌
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7		ACTUAL SIGNATURE	-XL4	-17	15	1-1	- 1	-	-,-		DEPU'		MED	ICAL EXA	MINER		DATE	6-2	3-198	35
BALTIMORE, MARYLAND, 2		EXAMINER'S (TYPE OR PRI	NAME J	ames	н. н	east	er, d	r.,	M. D.	ADDR	Pro	ff.				. 2r	nd.	St.	0ak]	and ,M
8/	23a.Bl	JRIAL, CREMA PECIFYI Buria				-1985		NAME OF					23d. LC	CATION	lent,	Con	cou	NTY	MD ST.	ATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 170032 MEDICAL EXAMINER'S CERTIFICATE 1. DECEASED NAME 20. DATE KNOWN FZ MONTH (TYPE OR PRINT) ESTI-808P DEATH MATED Kenneth Eugene BONNER DATE OF BIRTH 2d HOUR IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED 10 85 808P DEAD Dec. 11, 1934 50 Male White RTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED DREIGN COUNTRYL Garrett DIVORCED West Virginia USA TY OR TOWN OF DEAT 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (DOA) Garrett Co. Mem. Hospital 0akland Heavy Equip. Oper. Coal Mining SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS b. COUNTY 13c. CITY OR TOWN 26707 Ash Street W. Va. Grant Bayard YES 🔀 NO [] FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Homer Bonner Evelvn Louise Eger 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) 234-46-7096 Rachel G. Bonner, See #13 above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Coronary artery disease

(DUE TO, OR AS A CONSEQUENCE OF Years Arteriosclerosis, generalized 11 Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) Diabetes Mellitus: Myocardial infarction 1972 19e. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK AT WORK Inspection X 22a. I certify that look charge of the remains described above, held the Natural causes Hamicide . Accident death resulted from: Undetermined manner FUNERAL DIRE TER DEATH, WIT LIMORE, MARN ACTUAL DATE 6-1-1985 MEDICAL EXAMINER EXAMINER'S NAME James H. Feaster, Jr., M. D. ADDRESS 107 S. 2nd. St., Oakland, Maryland PAGE PAGE AFTER BALTIN 230 BURIAL CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION burial 6/4/85 Bayard Cemetery Bayard, Grant, West Virginia 24. FUNERAL DIRECTOR Oakland, Maryland (VR A15 ME (5)) Bradley A. Stewart 21550

20M 4/B2

STATE OF MARYLAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

rtificate be executed

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1	REGISTRAR				CERTIF	ICATE OF DEATI	H		REG. NO.			- 1
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	3 SEX	Κ		4. RACE		S. DATE C			AGE IN YEA	RS LAST BIRTH	DAY)	MONTHS DAYS	HOURS MIN.
2		Male		White	9	Apri		54	81		YRS	MONTHS DATS	ACORS MIN.
-		RTHPLACE (STAT	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	2 8	D NEVER MARRIE		BALTIMOR	CITY OR		Y OF DEATH	
-		W. Va.		U.S.	A .	WIDOWE	DIVORCE		Gar	rett			MD.
L	10 CI	Oaklan		(IF NOT IN SUC	HOSPITAL PURSI HISCHARD DE STREE TT Memo	NG HOME C	Hospital		TYPE OF WORK	OR MOST OF			F BUSINESS OR
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5		W.Va.	Hamp:	shire	Burlin		13d. INSIDE CITY LIA YES NO		Rt 1	DDRESS /	ZIP COD	1 28	5716/
1	14. FA	THER'S NAME		MIDDLE	1.451		15. MOTHER'S MAID		E	WIDDIE			
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		VAS DECEASED E			166 SOCIAL SEC	URITY NO.	17 INFORMANT			ADDRES	S		
5	()	NO NO DE UNKNOW	(IF YES GIV	E WAR OR DATES)	235 54	8202	Bruce E	3owm	an R	t 1:	Burl	ingtor	n, W.Va
		18 CAUSE OF D	EATH (Enter on	ly one cause per	line for iai, (b), a	ndic	20 10 2					APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		PARTI. DEAT		E CAUSE (a)	bilate	real r	neumonia					4 W	eeks
		Haracon,		DUE TO, OI	R AS A CONSEOL	JENCE OF						1753	
		Conditions, if		(b)	acut	e rena	1 failure					2 W	eeks
		gave rise to		DUE TO, OI	R AS A CONSEOL								
		underlying c	ause lost.	(c)									
		PART 2 OTHER	SIGNIFICANTO	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE	OR COND	ITION GI	VEN IN PART 1	0
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	TIFI								YES 🗌	NOX		ES [NO [
7	CER	21a. ACCIDENT WA		110110		AY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATU	RE OF INJURY	IN ITEM IS	PART 1 OR PART 2)	
	CAL		CAUSE OF DEA	in .		19	37						
	MEDICAL	21d INJURY OC	CURRED	21e PLACE			21f LOCATION			CITY DR TOW	,	COUNTY	STATE
	×	WHILE NI	OT WHILE	(ATHOME STR	EET, FACTORY, OFFICE	FARM ETC)	SIREET					0,	STATE
	1.5	22a I certify the	ot (I) (this hospi	(al) attended the	e deceased from,	6	- 5 19.	15	, to	6-1	-	19	that (II (we) lost
		saw the de- above, (1) (v	ceased alive an) view the body	offer death.	on.	d that in (my) (aur) o	apinian de	ath accurred	on the date	e and had	or and from the	causes stated
		226. SIGNATURE					DEGREE					22c. DATE	SIGNED
,		11	larga		2 Kan	un i			MEDICAL DIRECTOR	STAFF PHYSICIA		6.	7-85
		22d PHYSICIAN	7.7			1	22e ADDRESS	1		,	6	1.0	
		m.	A. Kr	TISER			GARRE	= 11	60 h	4SP	a	alelan	1 md
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

APORTANT:

(SPECIFY)

should be detached for use as the burial-transit permit. Then please remave with the State Dept. of Health and Mental Hygiene prior ta burial, crematian

Burial

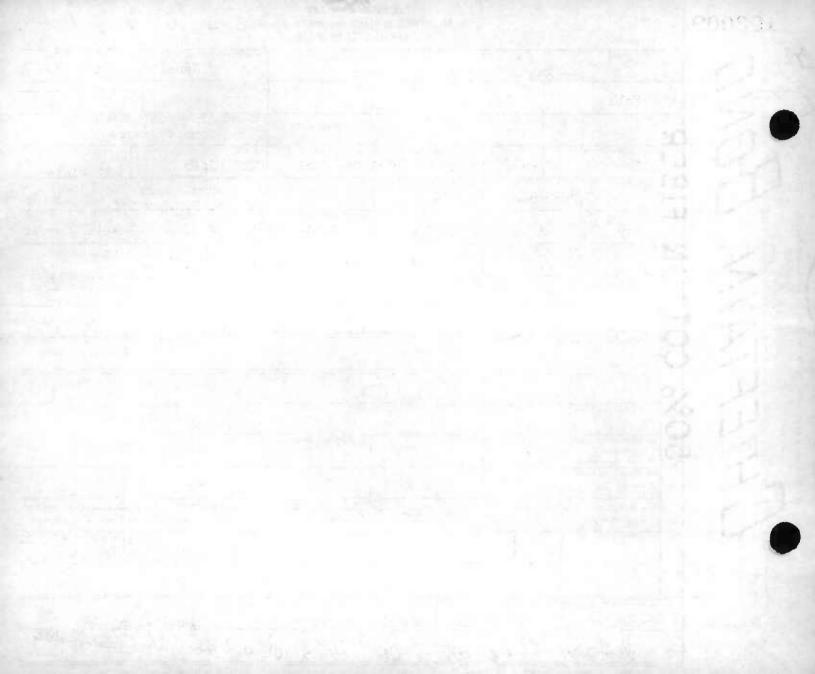
Gardens Keyser Minera

24 FUNERAL DIRECTOR

KEYSER, W. VA. ALLEN ROTRUCK

HILL TO Jude 85 Paromov Wen. Jardens Keyser Linerals Vn.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 191003 REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN 2b. HOURA LIVEE OF PRINTS ESTI-T IS NECESSARY, PLEASE
HE FUNERAL DIRECTOR.
GE 5 FOR YOUR FILES.
ILED, WITHIN 72 HOURS
QI W., PRESJON STREET, 1985 DEATH MATED Alice Pear Brown 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 1894 White 90 YRS Sept 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Garrett WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS ID CITY OR TOWN OF DEATH Homemaker McHenry Routel, Box 17 Own Home 13n STATE 135 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Garrett McHenry 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST Sara Urias Ringer Catherine Diehl 16a WAS DECEASED EVER IN U.S. ARMED FORCES Route 1, Box 17 (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 219-44-2492 Mrs. Kathryn Wagner McHenry MD No CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary artery disease Years DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which 11 (h) Arteriosclerosis, generalized gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE O lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION USED A 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? DEPARTMENT OF HE 20 AUTOPSY? YES [] NO TO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE AT WORK AT WORK TO MEDICAL EXAMINER: THE CERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DIATH, WITH THE SIX BALTIMORE, MARYLAND, 2 Inspection X 220 I certify that I took charge of the remains described above, held an Autapsy and in my opinion death resulted from Natural couses Accident Suicide Hamicide Undetermined manner 6-23-85 ACTUAL SIGNATURE MEDICAL EXAMINER Feaster, Jr., M. D. 107 S. 2nd. St., Oakland, Md. James 23c. NAME OF CEMETERY OR CREMATORY 23d. LÓCATION 230 BURIAL CREMATION REMOVAL 236 DATE COUNTY STATE Burial Addison Cemetery June 26, 85 Addison. Addison Somerset BP 24 FUNERAL DIRECTOR **DHMH - 17** Filia Davidson Mandalle Grantsville, MD (VR A15 ME (5) 20M 4/B2



						STATE OF	MARYLAND				-	of a
169038		FOR STATE REGISTRAR		м	EDICAL EX		CERTIFICA	75	ATH REC	6, NO.	3 /	3
1,000,53		CEASED NAME	FIRST		WIOOFE		LAST		20. DATE KNOW!			EAR 26. HOUR
2000			Harlan		Cuppet	t F	rman		DEATH MATED	□ 6	1 198	
REA FEE FAUR	3. SE	(A. RACE	5. DATE OF BIRT		AGE (IN YEARS IF	JNDER TYR. IF L	JNDER 24 HRS	PRONOUNCED	MÓNT		YEAR 2d. HOUR
NAGE &	N	lale	White	July 2,	1903	81 YRS.	NINS DATS HO	JURS MIN,	DEAD	6	1 198	35 930 <u>A</u>
6		RTHPLACE (ST.	ATE OR	76. CITIZEN OF		Y? 8. MA	RIED X NEVER	MARRIED	9 BALTIMORE CI	TY OR COL	INTY OF DEAT	Н
京型52mm	7	W.Va.		U.S.				IVORCED	Garrett			MD
2	10. C	Oakland					ther institution	FO	SUAL OCCUPATION OR MOST OF WORKING LIFE) RAKEMAN	(TYPE OF WOR	B &	
INTERNAL PROPERTY.	134 9	AL RESIDENCE (TATE Md.	13 CO	ME OR OTHER INSTITUTION, UNITY Leghany	13c. CITY O		13d INSIDE CITY LI	IMITS? 13e. ST	TREET ADDRESS	mpshi	e Ave.	02
EATH NO.	14. F.	ATHER'S NAME FIRST Walter		Scott	For	man	15. MOTHER'S FIRST Zora	MAIDEN NAM	AE MIDDLE		Cupp	ett
N N N N N N N N N N N N N N N N N N N	16a. \	NO, OR UNKNOW		ARMED FORCES?		L SECURITY NO.	17. INFORMAN		241 New	Hamps	shire A	ve.
A PARTER A	1	No			234-1	2-1752	Vera 1	Forman	Cumberla	and, N	1d. 2150	02
M ST., B M HB. C M NG WI M C M		18 CAUSE OF PART I DE	ATH WAS CAU	only ane cause per li USED BY:	ne for (a), (b), o	artery	disease					ONSET AND DEATH
PRESTO ITHIN 24 CIL IN ITE 4ER ALO ANSIT PE AL HYGIL REMOVA			s, if any, wh	DUE TO, C	ras a consi	Clerosis	, genera	lized			11	
W WENT			stating the und		DR AS A CONSE	QUENCE OF						
ECORDS, 20) 2 BE EXECUTE BADING" IN MEDICAL EX AS A BURIAL ALT AND ACREMATION	z	PART 2 OTHER SIG	NIFICANT CONDITION	ONS CONTRIBUTING TO DEA	TH BUT NOT RELATED	TO THE TERMINAL OIS	ASE OR CONDITION GIV	EN IN PART 1 (a).			1-0-0-1-1	
M HA AW A	CERTIFICATION	19a. DATE OF				HICH OPERATION	WAS PERFORMED)?			20 AUTO	X
BIVISION OF VITAL R. THIS CERTIFICATE SHOULT. TE, WRITING THE WORD PROPERTY OF THE CHEFT OF TH	MEDICAL CE	210 EXTERNAL UNDERLYING CONTRIBUTION	OR IG CAUSE (DF DEATH P	of injury .m. month d .m.	AY YEAR		CURRED (ENTE	ER NATURE OF INJURY IN ITE	M 18 PART 1 O	R PART 2)	
ZIZAVA ZIZA	MED	21d INJURY O WHILE AT WORK	NOT WHILE AT WORK		E OF INJURY ACTORY, FARM, ETC.		OCATION STREET		CITY OR TOWN		COUNTY	STATE
■ 4 リステラ		220 I certifi death resulte	1/	arge of the remains of	Accident D	held on Aut	, Hamicide	1.1	Inquiry K,	ond in my		
ETHE CINE SHOULD		ACTUAL SIGNATURE	Clare	-d .	EE	1 ms	M.D. DEPU	ME_ME	DICAL EXAMINER	DA' SIG	6-1-19	85
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE P TO FUNERAL DIRECT AFTER DEATH, WITH THE BATTIMORE, MARYLAIL	230.0	EXAMINER'S N (TYPE OF PRIN URIAL, CREMAT		H. Feast		, M. D.			. St., Oal	kland,	Md.	
BP	1	Burial Burial		6/4/85		lewood C	emetery	K	ingwood		ston	STATE
DHMH - 17 (VR A15 MC (5))	St	THE K	Whi	Velia Acore		a Alta.	HIN	DATE REC'D	85 guint	EG TIRAR	N. C.	5

ER, ERSI OCCUPATION OF SERVICE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

Bradley A. Stewart

1	FOR - STATE REGISTRAR	DEP		HEALTH AND MENTAL HYG	IENE 8 5	0.	3 /	y	
	ECEASED NAME FIRST	WIDDLE	11-11-11	LAST	2a DATE OF DEATH	MONTH DAY	YEAR 2b. HOU	R	
	Carri	e Jeannette	FRI	TEND	June 1,	1985	114	5P M	
3. SI	EX	4 RACE	5. DATE (6 AGE (IN YEARS LAST BIE			24 HRS	
1	Female	White		22, 1906	78	YRS.	DAYS HOURS	MIN.	
70 E	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY		ATH		
2	Maryland	USA	WIDOW		Garre	ett		MD.	
1	Grantsville	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S GOOdwill Ment	IRSING HOME (OR OTHER INSTITUTION	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Lic. Pract	OF WORKING LIFE) INDL	CIND OF BUSINE USTRY Nursing		
USU	JAL RESIDENCE (IF NURSING HOME STATE IND CO	OR OTHER INSTITUTION GIVE RESIDENCE I	BEFORE ADMISSION)						
1	1.40	altimore Dune		13d INSIDE CITY LIMITS?	36 Broads		2122	2	
2 14 F	ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME				
W	Elija -	Wrightsm		Mary	Catheri	ne W	alters		
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDR		4-0020		
Y	NO (IF YES,	GIVE WAR OR DATES) 220-10	0-0745	Mrs. Betty	L. Sebold.	Leesburg.	Florida	а	
CERTIFICATION	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	DUE TO, OBJASIA/CONSI (b) ATTO CON DUE TO, OR AS A CONSI (c) T CONDITIONS CONTRIBUTING	EQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	/	FINDINGS USER	D IH?	
- E					YES NO	YES 🗌	NO [
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN)U	RY IN ITEM 18 PART I OR P	ART 2)		
ME	WHILE NOT WHILE	(AT HOME STREET FACTORY OF	FICE, FARM, ETC.)	STREET	CITY OR TO	WN COU	NTY ST	TATE	
	22a. I certify that (1) (this happens) attended the deceased from 19 cond that in (my) larger opinion death occurred on the date and hour and from the causes state object. (1) (see a did not time to we with a body offer death. 22b. SIGNATURE DEGREE 122c. DATE SIGNED								
	1000 M	HOR	6	ATTENDING PHYSICIAN	MEDICAL STA		5-3-	85	
	Dr. George	Stoltzfus, MD		720 ADDRESS Friendsville		21531			
23a.	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	burial	6/4/85	Pleasar	nt Valley Cem.	Oakland,	Garrett,		and	
24 5	ELINERAL DIRECTOR			126- DAT		ACL DECLETE LESS CO	2000		

21550

Oakland, Maryland

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Annual States

P.O. Box 243 Oakland MD.

DIVISION OF VITAL

DHMH - 16 50M 4/82

(VRA 15, 4)

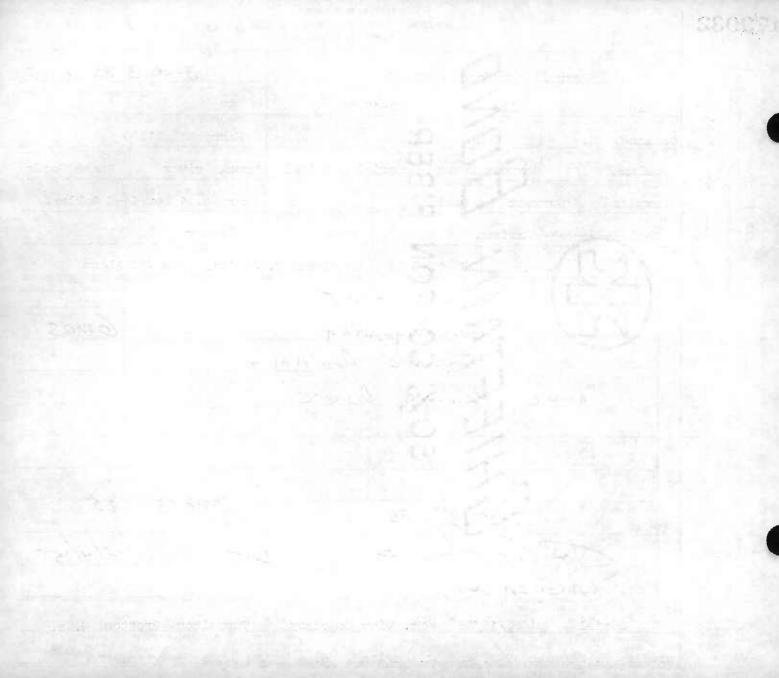
Durst Funeral Home

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193003		FOR STATE		AAF		MENT OF H		AND M	ENTAL	6.2	Sec		1 7	3	8	2
		REGISTRAR CEASED NAMI	E FIRST	7416	MIDDLE		LK J CI	AST	AIL		2a. DATE	REG.		ITH DAY	YEAR	→ 2b. HOUR
.T. S. S. T.	(TYPE	E OR PRINT)	Earl		Lewis		HA	RE			OF	ESTI- MATED	_ /	30	1,85	345 €
SARY, PLEASE AL DIRECTOR. VOUR FILES. N 72 HOURS TON STREET,	3. SEX		4. RACE White	Apr. 7, 1	912 ^{YEAR}	6. AGE (IN YEA LAST BIRTHDA 73 YR	Y) MONTHS	DER 1 YR.	HOURS	R 24 HRS.	2c. DATE PRONOUI DEAL	NCED	MON'	30	185	1P M
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Y IS THE PILED	10. CI	antsvi		11. NAME OF HOR	SPITAL, NUI	RSING HOME TREET ADDRESS)		r institu iral)	TION	CO2	ALOCCU NOSTOFWO	PATION RKING LIFE) NET	(TYPE OF WO		CIND OF BU OR INDUSTI Oal	
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EATH III		George		MIDDLE	Har	last e		F	R'S MAID Tha	EN NAME		MIDDLE		ower		
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		18. CAUSE C	OF DEATH (Enter onl EATH WAS CAUSED IMMEDIAT	y one cause per lir DBY: E CAUSE (a)		nary	arte	ry d	isea	se				86	APPROXIMATI TWEEN ONSE	T AND DEATH
MESTO MACHINE COVAL	3		ns, if any, which se to immediate	DUE TO, O		riosc.		sis,	gen	eral	ized	i			u	
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HALRE RD TENDED OF HER CHEFT OF HE CHEFT OF HER CHEFT OF	IIFICATI	19a. DATE OF	OPERATION	19b. CONE	ITION FOR	WHICH OPER	ATION WA	AS PERFOR	MED?					20.	AUTOPSY	NO X
BIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE STRING THE WORD TENDING RDED TO THE CHEF MEDICA RE 3 SHOULD BE USED AS A BI E REPARRMENT OF HEALTH AND PRIOR FOR BURIAL, CREMITION	MEDICAL CERTIFICATION		AL CAUSE WAS OR NG CAUSE OF E	21b. TIME (HOUR A. DEATH P.		DAY YEAR		W INJURY	OCCURR	ED (ENTER	NATURE OF II	VJURY IN ITEA	M 18 PART 1 C	OR PART 2)		
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TO MEDICAL EXAMINER: THE EXECUTE THE CRENIFICATE. W PAGE 4 SHOULD BE FORW TO HUNRAL DIRECTOR: PAFTER DEATH, WITH THE STANDER, MARYLAND, 212.		220. I cert death result	ify that Hok charg ted finn Natur	e of the remains d	escribed obo		Autaps	Homi	Inspection of the Inspection o	Undet	Inquiry ermined m	nanner [], D/	y apinian	ó - 30-	.85
MEDICA SCUTE TH SE 4 SH FUNER FUNER THA ORE,		EXAMINER'S	NAME Jame	s H. Fea								t., (Dakla	nd,	MD 21	550
BB————————————————————————————————————	23a.B	URIAL, CREMA SPECIFY) Burial	TION, REMOVAL 2	3b. DATE -2-1985		NAME OF CEA				Bi1	CATION ORTOWN Ting	er. (Garre	COUNTY		3TAT
DHMH - 17 (VR A15 ME (5)) 15M 7/76	de	DE CONTRACTOR		uman	12.					REC'D. 8	REGISTR 1905	AR [236. R	REGISTRAF	R'S SIGNA	ATURE Pande	

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2170

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

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BUT NOT RELATED TO THE T	Garr 126. USUAL OCCUPAT (IVECOF WORK FOR MOST (BOOK Keep 13e. STREET ADDRESS 184 E. P	POLICE PO	T:10 PA EAR IF UNDER 24 HRS. VIS HOURS MIN. MD. DOF BUSINESS OR RY LITTLE CY LAST LAST ROXIMATE INTERVAL EN ONSET AND DEATH TITO DDINGS USED
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13d. INSIDE CITY LIMIT: YES NO 15 MOTHER'S MADEN NAME NAME NAME NAME NAME NAME NAME NA	184 E. P NAME ADDR Dutamyer, 14087 TERMINAL DISEASE OR CON 200 AUTOPSY?	Polin RESS Woodbridge FallBrook RETWEET RETURN TO THE TENT OF T	LAST 12 Va. 22193 Lane ROXIMATE INTERVAL EN ONSET AND DEATH
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BUT NOT RELATED TO THE T	20a AUTOPSY?	NDITION GIVEN IN PARTICLE TO THE PARTICLE TO T	T Tra FDINGS USED
		IN CERTIFYING CAU	
21c HOW IN HIRY OC		100	NO
AR	CCURRED (ENTER NATURE OF INJU	URY IN ITEM IS PART I OR PART	2)
21f. LOCATION STREET	CITY OR TO	YINUO COUNTY	STATE
	. to inion deoth occurred on the d	lote and hour and from	
	MEDICAL STA		-11-85
	. Memorial Ho	spital,Oakl	and, Md.
OF CEMETERY OR CREMATO	ORY 23d. LOCATION	COUNTY	STATE
ac Mem. Garde			W.Va.
3	DEGREE ATTENDIN PHYSICIA 22e ADDRESS Garrett Co	DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSIC	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Garrett Co. Memorial Hospital, Oakl OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN COUNTY

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr with the State Copyright (MPORTANT: If them 21 is morked or them 18 states) DHMH - 16 60M 7/B4 (VRA 15, 4)

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Pereigned by the hospital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled by the should be detached for use as the buriot-transit permit. Then please remove carbon papers, Pages 1 and 2 should filled within 22 has	with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH REG. NO. 2b HOUR

	DECEASED NAME FIRE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Julia	. Anna	MCROBIE	June 6, 1985	4:28a м
3.	SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	Female	White	Feb. 13, 1909 YEAR	76 YRS.	MONTHS DATS MODES MIN.
70	BIRTHPLACE (STATE OR FOREIG	76. CITIZEN OF WHAT COUNTR USA		9 BALTIMORE CITY OR COUNT	Y OF DEATH MD.
2	City or town of death Oakland	Garrett Co. Me	morial Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Supervisor	12b. KIND OF BUSINESS OR INDUSTRY Federal Reservations (Control of the Control o
) 13	a. STATE 13b	Division of the institution, give residence before the county is a city or to constitution of the country is a city or to constitution.	rk 13d. Inside City Limi	Rt. 4 Box 71	21550
14	FATHER'S NAME FIRST	inknown LAST	15 MOTHER'S MAIDE	N NÄME unknown	LAST
16	WAS DECEASED EVER IN U.	S. ARMED FORCES? 16b. SOCIAL SE YES, GIVE WAR OR DATES) 225-05-		^140°Gle Kneessi - Hampton	nwood Road , Va. 23669
	PART I. DEATH WAS C	Iter only one couse per line for (b), (b), AUSED BY: EDIATE CAUSE (b) MYDCZYD DUE TO, OR AS A CONSEC	ial Infarction	or Pulmonany Embalus	approximate interval BETWEEN ONSET AND DEATH Tymediate
		DUE TO, OR AS A CONSEC		TERMINAL DISEASE OR CONDITION G	IVEN IN PART Lo
MOITACIBLE			CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{PS} \)
	OR CONTRIBUTION TO CAUSE	OF DEATH HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2}
A CHOSA	21d. INJURY OCCURRED WHILE NOT WHILE (21e PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
	saw the deceased all above, (I) (we) (did) (d	ive on 19 did not pictured the deceased from 19	8.5 , and that in (my) (our) ap	5 to 6/6 union death accurred on the date and ha	
4	22b. SIG TATUM	(TYPE OR PRINT)	DEGREE ATTENDII PHYSICI		22c. DATE SIGNED
	Karl E.	Schwalm	Ozklar	d, MD	
L	Burial, CREMATION, REMO		arrett Memorial (Gard. Oakland G	arrett Md.
24	Durst Funera	al Home Oakland	, Maryland 21550	DATE REC'D. BY REGISTRAR 256, REGIS	TRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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Durint Punceral Force Oniciand, Porgland 21550

	Film	n G6U5 item 1			MARYLAND		
	FOR STAT	re 7/9/85 rja		PARTMENT OF HEAL		Sec long	7 3 8 0
178067		ISTRAR	WEDI	CAL EXAMINER'S	CERTIFICATE	, KEG. NC).
	1. DECEAS		bert (Bobb	y) Ernes:		20. DATE KNOWN OF ESTI-	
ARY, PLEASE L DIRECTOR. YOUR FILES. YOUN STREET,		Robert		nest	MICHAEL	DEATH MATED	6 10 1985 11PM
ECT ECT ENTRY STREET	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS IF	UNDER TYR. IF UNDER	R 24 HRS. 2c. DATE PRONOUNCED	MONTH DAY YEAR 26 HOUR
OURY, ON 2 OUR	Male	White	12-16-1941	. 43 YRS.		DEAD	6 11 1851205A
日本 日	7a. BIRTHE	PLACE (STATE OR I COUNTRY)	76. CITIZEN OF WHAT	COUNTRY? 8 MA	RRIED NEVER MARK	RIED Garrett	R COUNTY OF DEATH
B 3 3 5 5	Kent		USA		OWED DIVORG	-ED LI	MD.
SERES.	ID CITY O	R TOWN OF DEATH	HE NOT IN SUCH FACILIT	AL, NURSING HOME, OR C	THER INSTITUTION	12a. USUAL OCCUPATION (TYPE	OF WORK 126 KIND OF BUSINESS OR INDUSTRY
35450		tsville	Rt. 2, New	Germany Rd.	(Rural)	Truck Driver	Trucking
5 27 200	UAL RE		OR OTHER INSTITUTION, GIVE RE	ESIDENCE BEFORE ADMISSION)) 3d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	49999
" 程元为	Kent			Williamsburg	YES NO		St. 40769
8 2 28 77		R'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAID		LAST
# 340 ZO / O		ilton		Michael	Dulle	V	Evans
A HAONY	IM. WAS	DECEASED EVER IN U.S. AF	RMED FORCES?	66 SOCIAL SECURITY NO.	17. INFORMANT	342 S. ADSRESS	and St.
BALTIMORE S AFTER DE GIVE PACIE TITH FORM PACIES I IVISSON OF	Yes	196		+06-52-6827	Gale Mich	ael, Williamsbur	g. KY 40769
URS B. G. WIT. P.	1B.	CAUSE OF DEATH (Enter o	nly one cause per line for	(a), (b), ond (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST., BAI W. PRESTON ST., BAI WINDER ALONG WITH TRANSIT PERMIT. PAI ENTAL HYGIENE, DIVIS OR REMOVAL.	1 15	PART I DEATH WAS CAUSE	TE CAUSE (o) MULT	tiple Head Tr	auma		Sudden
PRESTON THIN 24 H THIN 24 H THIN TEA ALMSIT PER AL HYGEN REMOVAL	0		DUE TO, OR AS	A CONSEQUENCE OF			
AANS AANS AEA		Conditions, if ony, which gave rise to immediate		due to Tract	or-trailer	Accident	
OR TREE		cause (a) stating the under lying cause last.	DUE TO, OR AS	A CONSEQUENCE OF			
20 NEW PARTE		17119 00000 1031.	(c)				
CORDS CORDS RECEC AEDICAL ASA BU ASA BU ASA BU CREMAT		T 2 DTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN P	ART 1 (a).	
RECORDS TO BE EXECUTE PENDING, PENDING, PENTH AN CREMATI	Į Š L						
OF VITAL REGISTRES SHOULD BY WORD "PEN HE CHIEF MAD BE USED A BENTOF HEAD OF BURIAL, CI	CERTIFICATION 19a	DATE OF OPERATION	196 CONDITION	N FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
T REPUBLIE		SYTERIAL CAUSELIAS					YES 🏝 NO 🗆
DIVISION OF S CERTIFICATE RITING THE W RDED TO THE EDEPARTMEN ED EPARTMEN ED PRORTO F		EXTERNAL CAUSE WAS	THOUR XX M	ONTH DAY YEAR		ED (ENTER NATURE OF INJURY IN ITEM 18 P	
SAN STATE OF THE SAN	S CO	NTRIBUTING CAUSE OF			river of t	ractor-traile	er that wrecked
DIVISIC S CERTIN RRITING RRED T SE 3 SH TE DEPA	el III	INJURY OCCURRED	HIEHWE		Rereal Rt.	2 Granteville	e, Gorr. Md. STATE
TAAAAT /	AT	WORK NOT WHILE					
ATE, SER		220. I certify that took chor	ge af the remains describ	ned abave, held an Aut	apsy A. Inspectio	on X, Inquiry X, one	d in my opinion
MIN WIN	, de	eath resulted flam. Nati	ural causes Ac	cident X , Suicide	, Hamicide .	Undetermined manner ,	
WILD BERT		Xo	1-1:	-1-1	TITLE (SPECIFY)		
A H H H H H H H H H H H H H H H H H H H	SIG	NATURE THE	ud IL	7	MDEPUTY	MEDICAL EXAMINER	DATE 6-11-85
PEDIC NOR A SI	EXA	MINER'S NAME Jame	e H Hass	ter Jr.	M. D. 107	S. 2nd. St.,	Osk land, Md.
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEATL DIRECTOR: PAFTER DEATH, WITH THE ST.	(11)	E OK FIMINT)		ter, Jr.,			
000000	(SPECIF	L, CREMATION, REMOVAL		23c. NAME OF CEMETERY		23d. LOCATION CITY OR TOWN	COUNTY STATE
999 BP 19		rial	6-15-85	Oaklawn Cem	etery	Pleasant View,	Whitley, KY
DHMH - 17	At	RAL DIRECTOR	man agens	(133 (m)	1230. DATE	0	
(VR A15 ME (5)) 20M 4/82	140	Jugar I Ell	That Gran	ntsville, MD	- AMD A	18 1985 JE K	plan The sa

FOR - STATE

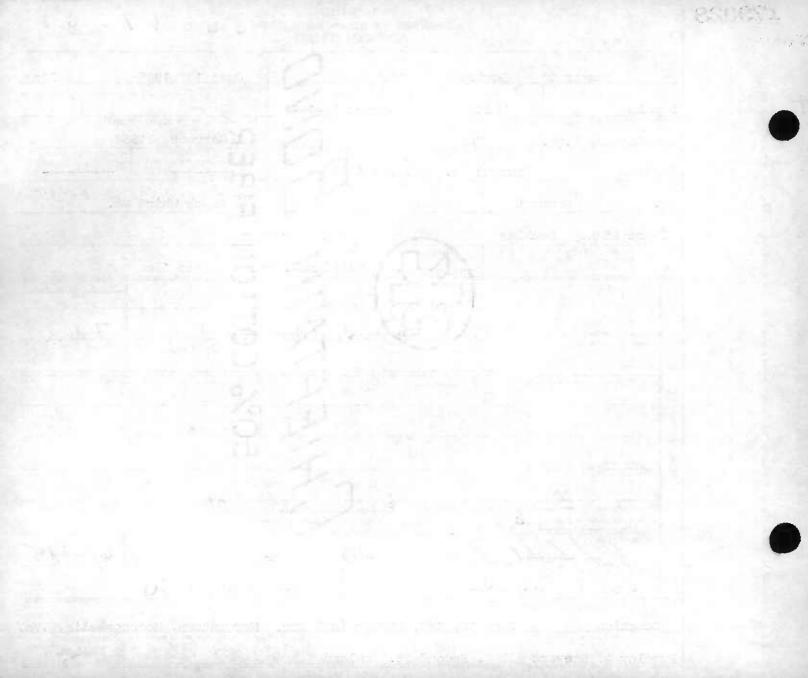
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

	1120101111111						REG. NO).				
	CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HO	JR
	And contract	aret	Lou	ise	NACE		June 16.	198!	5		6:3	30a M
1.56	X		4 RACE		5. DATE (6. AGE (IN YEARS LAST BIR	HDAY)	IF UNDER	R I YEAR	IF UNDER	R 24 HRS
Fe	male		Whi	te		gust 7, 1922	62	YRS.	MONSHO	DATS	HOURS	WIN.
IN HIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY)				WHAT COUNTRY?	8	DE NEVER MARRIED	9. BALTIMORE CITY O	R COUNT	Y OF DE	ATH		
	intington,	W.Va.		USA	WIDOWI		Garrett 21550 MD					
	ITY OR TOWN OF DEA			HOSPITAL, NURSIN		OR OTHER INSTITUTION	12g. USUAL OCCUPATI				FBUSIN	ESS OR
Oa	kland		Garret	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY								
	AL RESIDENCE (IF NURS	ING HOME OR		GIVE RESIDENCE BEFORE		113d, INSIDE CITY LIMITS?	13e.STREET ADDRESS	710 000			116	561
Md		Garr		Oaklan		YES NO X	528 South				-	سار
14 F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME			LAST		
A1	bert Sidne	у Не	nkle	LAST		Ruth Crow				LAST		
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS				
nc		(11 163, 010	E WAR OR DATES!	235-26-8	412	William W. N	lace see	13e				
	18 CAUSE OF DEAT	H (Enter on	ly one couse per						ВІ	APPROXI	MATE INTE	RVAL DEATH
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	The same		DUE TO O	R AS A CONSEQUE	NCE OF	1						
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	gove rise to imm		DUETO	r as a conseque	NCE OF	1	Disez	Se)	
	underlying couse	lost.	(c)	KAS A CONSEQUE	IVEE OF							
	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN P	ART TIC		
CERTIFICATION												
CAT	190. DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	5, WERE	FINDIN	GS USE	D Tu2
TIF							YES NO NO		ES 🗍	A03E3	NO [
8	21a. ACCIDENT WAS UND		216. TIME O	FINJURY M. MONTH DA	Y YEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IB.	PART I OR F	PART 2)		-
CAL	OR CONTRIBUTING C				19							
MEDICAL	21d INJURY OCCURE	RED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	DIL ETC.	211 LOCATION	CITY OR TO	WN	COL	INTY		STATE
2	NOT WH	RK	(AT HOME STE	EET, FACTORT, OFFICE, FA	I. I	311627						
	220 I certify that (I)	(this hospid	all ottended th	e deceosed from_	70/	8 19 85	_, to 7/15 w		19 8	5_,1	thot (I) (we) lost
	sow the decease obove, (1) (we) (c	d olive on,	H view the body	ofter deoth.	5.0	nd that in (my) (our) opinion d	leoth occurred on the do	te and har	ur and fir	am the c	couses st	oted
	73% SIGNATURE	11	1	1		DEGREE			220	DATES	SIGNED	
	Karl	ho	Jehn			MD ATTENDING PHYSICIAN	MEDICAL STAF			0/1:	5/0	P5
	224 PHYSICIAN SHA	OME (TWE C	FEINT)			22e. ADDRESS				1		
	Karl	t. 3	chwal	m		Oakland	NID 219	550				
23a. I	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	BUE	£ OUNT	Y		STATE
	Donation		June	16, 1985	WVU	Medical Ctr.	Morgantown		nonga	ahel	ia.	217712
24 F	UNERAL DIRECTOR			ADDRESS		250 DATE	REC'D. BY REGISTRAR	256. REGIS	TRAR'S S	IGNATI	URE	

Bradley A. Stewart 32 S. Second St. Oakland

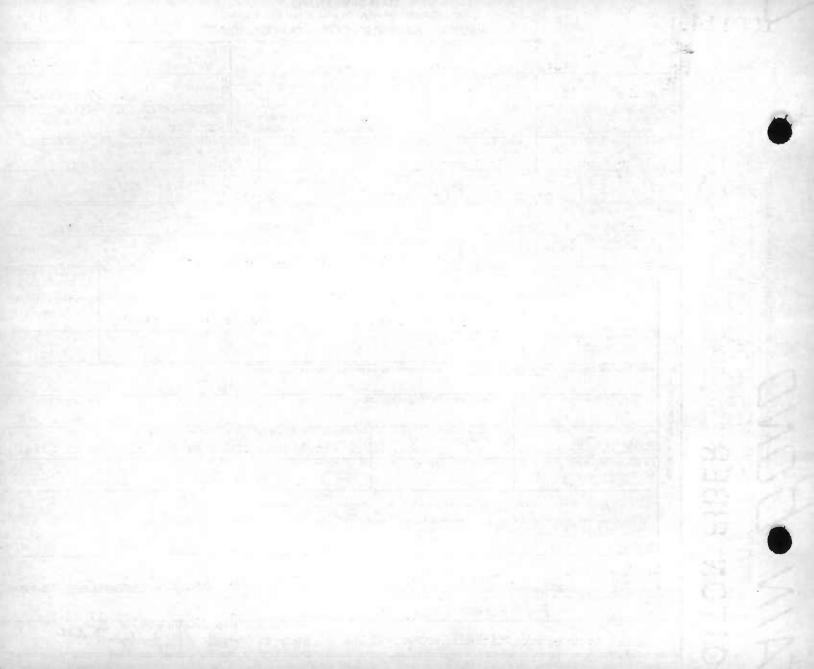
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00444	3	OR			DEPARTM	ENT OF HEA	LTH AND MEN	TAL HYGIEN	VE S	1 7	3 8 1	5
190114	1 - 5	REGISTRAR		ME	DICALE	XAMINER'	S CERTIFICA	TE OF DE	ATH RE	G. NO.		
		EASED NAM	E FIRST		MIDDLE		LAST		20 DATE KNOW	N MONTH	DAY YEAR	26 HOUR
3 % S. S. E.	(TYPE	OK PKINT)	Elsi		Marie		Danah		OF ESTI-	D x 6	25 10 85	1 P.
PLEASE ECTOR. R FILES. HOURS STREET,	3. SEX		4. RACE	5. DATE OF BIRTH		AGE (IN YEARS I	Paugh UNDER TYR. JIF L	JNDER 24 HRS.	2c. DATE	HINOM	DAY YEAR	2d HOUR
ON SI	F	emale	White		1932	52 YRS.	ONTHS DAYS HO	DURS MIN.	PRONOUNCED DEAD	6	27 19 85	11P _M
SSE SE		THPLACE (S	TATE OR	76 CITIZEN OF W	HAT COUNTE	RY? 8. M	ARRIED NEVER	MARRIED [9 BALTIMORE C	ITY OR COUN	TY OF DEATH	
DARK A		Maryl	and	USA		WIE	OWED D	IVORCED	Garrett			MD
の世界時間	10. CIT	Y OR TOWN	OF DEATH		SPITAL, NURS		OTHER INSTITUTION	N 120. US	UAL OCCUPATION	TYPE OF WORK	125 KIND OF BU OR INDUSTR	SINESS
A DA FE		Deer		Rt 4	Box 53	ВВ			ousewife	1)	Dom.	
10 20 20 A	USUA 3a. ST		(IF IN NURSING HOM	OR OTHER INSTITUTION, O	13c. CITY O		113d. INSIDE CITY LI	IMITS? 13e STE	REET ADDRESS	21	160	
BALTIMORE, MD. 21201 S AFTER DEATH. JEANN GIVE PAGES 17. AND THE FORM P. 3. BETA PAGES 1 AN 2 BETAUL WISION OF WATER	M	d.	Gar	rett	Deer	Park	YES N	vo 😡 Rt		2-1	100	
W I WINN I	14. FA	THER'S NAMI		MIDDLE	LA	CT	15 MOTHER'S	MAIDEN NAM	E		TACT	
E SSE		Charle	3	Edward		ker	Rose	etta	MIDDLE	Sh	arpless	
NO ORN		AS DECEASE	DEVER IN U.S. A	RMED FORCES?	166 SOCIA	AL SECURITY NO	17. INFORMAN		ADD	DRESS		
S AFT GIVE TH F PAGE VISIO		10	(11 123, 31	WAR OR DATES	215	32 1753	Dougla	as Paug	h Deer F	ark,Md		
		18 CAUSE C	F DEATH (Enter of	inly one cause per lin	e far (a), (b), c	and (c).)					APPROXIMATE BETWEEN ONSET	INTERVAL I AND DEATH
PRESTON ST., ITHIN 24 HOUR CIL IN ITEM 18 RER ALONG ANSIT PERMIT AL HYGIENE, REMOVAL.		PARTIDE	IMMEDI	ATE CAUSE (a) F	racture	d skull	and mace	pated b	rain		Sudde	
HIN 24 IL IN IT IL IN IT INSIT P IL HYGI				DUE TO, O	R AS A CONSI	EQUENCE OF						211
			ns, if any, whic se to immedia	h (b) Se	elf-inf	licted	.38 pisto	l shot	to right	temple		
< /ms+20		cause (a	stating the unde		R AS A CONS	EQUENCE OF						
ON, SALES	0.5	lying cau	ise idst.	(c)							Carrier of	
SHOULD BE EXECUTED SRD "FENDING" IN PI CHIEF MEDICAL EXAN E USED ASA BURIAL- TOF HEALTH AND ME DRIAL, CREMATION, (,	PART 2 OTHER SI	T 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).									
MED BE MED AS, CRE	CERTIFICATION	19g DATE OF	OPERATION	Tigh COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	22			2B. AUTOPSY?	
SHOULD ORD "P CHIEF I E USED TOF HE	FIC.						THAS FER ORMED					
NAT	ERT	21a. EXTERNA	AL CAUSE WAS	21h TIME.C	OF IN HIRV	21	. HOW INJURY OC	CLIDDED SENTED	NATURE OF BUILDINGS		YES 🗌	NOX
FICATE SHOOT THE WOOLD BE COULD BE CREAT OR TO BUT OR TO			OR NG CAUSE OF	HOUR A.	of Injury M. Month D	5 PEAR SE						
ERTIFIC ING TH S SHOU PRIOR	ă	71d INTURY	CCURRED		OF INJURY		lf-inflic	. red . 30	car. pl	SLOT SI	not to ne	sad.
THIS CER WARDED PAGE 3 S TATE DEP	ME	WHILE			CTORY, FARM, ETC.		STREET	E2 D	Deer Par	1. 0	YINUC	STATE
						-				K Gai	rrett N	Md.
LEXAMINER: ECERTIFICATE JULD BE FOR L DIRECTOR: H, WITH THE S MARYLAND,		220. I certify of I taok charge of the remains described aboys. It I dan Autapsy . Inspection . Inquiry . Inquiry . Inquiry . Inquiry . Inquiry .										
SEE		death result	outtom: Nat	ural causes .	Accident	Suicide	X, Hamicide	Undet	termined manner			
A V D C C C C C C C C C C C C C C C C C C		ACTUAL			A	6.0	TITLE (SPEC			DATE		
SHREE -		SIGNATURE	on 11	1-1	-/		M.D. DEPUTY	MED	DICAL EXAMINER	SIGN	6-28-198	35
TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FR TO FUNERAL DIRECTO AFTER DEATH, WITH TH BALLMORE, MARYLAN		EXAMMER'S	NAME Tam	ac U Fann	ter T	20 W T	300	0 0-3	C+ C	1.7 . 2		
A P P P P P P P P P P P P P P P P P P P	72. 01	TYPE OR PRI		es H. Feas						Kland,	Maryland	1
	(SP	ECIFY)	TION, REMOVAL				Y OR CREMATORY	CITY	OR TOWN	COU		ATE
BP		Burial NERAL DIREC	TOR	6-30-85	I M	t. Zion	Cemetery	DATE REC'D BY	wanton	Garre	ett Md.	
DHMH - 17				ock Kitzi	hiller.	Md. 215	38 1133	1 01 7	Y REGISTRAR 256	Nambra	- Mandall	4

20M 4/B2

STATE OF MARYLAND



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20000	REGISTRAR 1. DECEASED NAM	FIRST	MEI	MIDDLE	AEK 2	CERTIFICATE	RUC	G. NO.		te.
	(TYPE OR PRINT)	, inst		WIDDLE		LAST	20. DATE KNOW OF ESTI-		DAY YEAR	2b. HOUR
ASE OR. URS. EET,		nk	Vincent	Perry,	Sr.		DEATH MATE		13 19 85	3A M
SECE	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY	6. AGE (IN)	EARS IF UI	NDER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCED	HTMOM	DAY YEAR	2d. HOUR
ON 272	Male	White	11- 13 -		rs.	THE PART HOURS	DEAD	6	13 1985	9A M
RAL RAL	70. BIRTHPLACE (S		76. CITIZEN OF WE	HAT COUNTRY?	8 MARE	RIED W NEVER MARR	9. BALTIMORE CI	TY OR COUN	TY OF DEATH	
NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS FREETON STREET.	Kitzmille	er, Md.	USA		WIDOV	***	- 0 11			MD.
IS TE FILE	ID. CITY OR TOWN			PITAL, NURSING HON		HER INSTITUTION	120. USUAL OCCUPATION	(TYPE OF WORK	126 KIND OF BUT OR INDUSTR	SINESS
DELAY IS N TO THE FI N PAGE 5 BE FILED.	Deer	Park		Main St.			FOR MOST OF WORKING LIFE Youth Superv		Youth Ce	
			OR OTHER INSTITUTION, GI	E RESIDENCE BEFORE ADMIS	ION)	has more our con-			2166	0
21201 ANY DELA AND 3 TO RETAIN BE POULD BE RECORDS,	Md.		rett	Deer Pa	rk	YES X NO []	P.O. Box 30	35 Deei	r Park	Md.
9	14. FATHER'S NAME					15 MOTHER'S MAIDE	N NAME	30 DCC.		ria.
(w # 25//	Josep	oh 🔥	MIDDLE P	erry		Elizabetl	n Ann Boye	r	LAST	
O Page 1	160 WAS DECEASE	EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURI	TY NO.	17. INFORMANT	ADDI			
5 Em 88	(YES, NO. OR UNKNO		I, Korean	232-26-35	71	Hazel Per	ry see 13e			
T. W. WITH COMMEN			ly one couse per line	1		mazer rer.	ry see 13e		APPROXIMATE	INTERVAL
PRESTON ST., ITHIN 24 HOUR CIL IN ITEM 18. VER ALONG W ANSIT PERMIT. AL HYGIENE, D REMOVAL.	PARTIDE	ATH WAS CAUSE	D BY:						BETWEEN ONSET	AND DEATH
NO TENTON		IMMEDIA		ronary arte		1sease			Years	
HIN HEST	Condition	ns, if ony, which				generalize	d		н	
W. P.		e to immediate	(b)	AS A CONSEQUENCE		J ======				
DIED IN PE	lying cau		DUE TO, OR	AS A CONSEQUENCE	OF					
	PART 2 DIVIER CA	CNICICANT CONDITIONS	(c)	NAT HOT BELLEVED TO THE TERM						
CORDS BE EXE NDING ILTH AN ILTH AN					AINAL DISEAS	SE DR CONDITION GIVEN IN PA	RT 1 (a),			
EAL CR	19a DATE OF		mellitus.	ION FOR WHICH OPE	DATIONIN	VAC BERGORNERO				
AL AL	S IN PARCOL	OFERATION	198. CONDII	ION FOR WHICH OPE	KATION W	VAS PERFORMED?			20 AUTOPSY?	
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	21a EVTERNIA	L CAUSE WAS	21b. TIME OF	(ATTURN)	100 0				YES 🗌	K ON
A FEET OF COMMENT		OR CAUSE OF		MONTH DAY YEA	R ZIC. H	IOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PA	ART 2)	
S A S O O O O O O O O O O O O O O O O O	CONTRIBUTION 21d INJURY C			19	23/ 15					
DIVISION OF VITAL RECORDS, NER: THIS CERTIFICATE SHOULD BE EXEC CATE, WRITING THE WORD "PENDING". FORWARDED TO THE CHIEF MEDICAL 'OR: PAGE 3 SHOULD BE USED AS A BUY THE STATE DEPARTMENT OF HEALTH AN NND, 21201 PRIOR TO BURAL, CREMATIN	WHILE C	NOT WHILE	STREET FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		OCATION STREET	CITY OR TOWN	со	UNTY	STATE
12 A A A K II	AT WORK	AT WORK								
ATE, PATE, TES, TES, TES, TES, TES, TES, TES, T	22a 1 certif	y that I took charg	ge of the remains desc	cribed abave, held on	Autop	osy , Inspection	X, Inquiry X,	and in my op	oinion	
EXAMINER: CERTIFICATI JUD BE FOR DIRECTOR: MARYLAND	death results	d rom: Natu	rol couses K	Accident S	vicide	, Homicide .	Undetermined manner].		
WIT WARY		X.		X,		TITLE (SPECIFY)				
A HANDAR	ACTUAL SIGNATURE	assu 1	1 le	2		DEPUTY	MEDICAL EXAMINER	DATE	6-13-198	5
MEDICAL CUTE THE SE 4 SHO FUNERAL TRAORE,		nine						310140		
X C S S S S S S S S S S	EXAMINER'S (TYPE OF PRIN	James	H. Feaste	er, Jr., M.	D.	ADDRESS 107 S.	2nd. St., Oa	akland,	Md.	
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE ST. BALTMORE, MARYLAND, 2	23a. BURIAL, CREMA			23c. NAME OF CE			23d LOCATION CITY OF TOWN	COU	NTY STA	**
BP	Buria		6-17-85	Deer I	ark			Garrett		16
DHMH - 17	24 FUNERAL DIRECT	TOR	ADDRESS			25a. DATE	THE PARK	REGISTRAR'S S		
(VR A15 ME (5))		A. Stewa	rt 32 s.	2nd St. Oak	land	Md. 21	MOD Julia De	widson-1	andrew	
20M 4/B2				oar		LICE CONTRACTOR	4 13		-	